Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)
Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

OMB Number: 3235-0076
Expires: February 28, 2009

Estimated average burden hours per response: 4.00

tem 1. Issuer's Identity			
Name of Issuer	Previous Name(s)	None	Entity Type (Select one)
ICI-SB BUCKHORN, L.P.	Previous Name(s) PROCESSE None		Corporation
Jurisdiction of Incorporation/Organization			Limited Partnership
Texas	MAR	2 6 2009	Limited Liability Company
······	PHADAC	ON REUTERS	General Partnership
Year of Incorporation/Organization	HOIVE	MINKERITIVA	Business Trust
(Select one) Over Five Years Ago Within Last Five Years		t to Be Formed	Other (Specify)
Over Five Years Ago (specify year)	2008 Ye	t to be ronned	
If more than one issuer is filing this notice, check th	is box and identify	v additional issuer(s) by a	ttaching Items 1 and 2 Continuation Page(s).)
tem 2. Principal Place of Business and (
Street Address 1	<u></u>	Street Address 2	
17130 Dallas Parkway, Ste 240			
<u> </u>	Province/Country	ZIP/Postal Code	Phone No.
Dallas TX	,	75248	972.241.3545
Danas		7 32 40	
em 3. Related Persons			
Last Name	First Name		Middle Name
Hepfer	Christiane		956
Street Address 1		Street Address 2	Wail Processing
17130 Dallas Parkway, Ste 240			Section
City State/	Province/Country	ZIP/Postal Code	MAR 1 0 2009
Dallas TX		75248	, , , , , , , , , , , , , , , , , , ,
			Washington, DC
Relationship(s): X Executive Officer Direction	ector Promoter		105
Clarification of Response (if Necessary)	· · · · · · · · · · · · · · · · · · ·		
(Identify add	litional related person	s by checking this box 🔀	and attaching Item 3 Continuation Page(s).)
em 4. Industry Group (Select one)	<u> </u>		
○ Agriculture		s Services	Construction
Banking and Financial Services Commercial Banking	Energy Slec	tric Utilities	REITS & Finance
Insurance	\sim	gy Conservation	Residential
Investing	$\overline{}$	Mining	Other Real Estate
' Investment Banking	○ Envi.	ronmental Services	Retailing
Pooled Investment Fund	Oil 8	⊈ Gas	Restaurants
If selecting this industry group, also select one	fund Othe	er Energy	Technology Computers
type below and answer the question below:	Health C	are	(Telecommunications
Hedge Fund	Bioto	echnology	Other Technology
Private Equity Fund	\sim	th Insurance	0
Venture Capital Fund	\subseteq	oitals & Physcians	Trave
Other Investment Fund	<u> </u>	maceuticals	
Is the issuer registered as an investment company under the Investment Compan	v	er Health Care	
Act of 1940? Yes No	Manufa	-	09035755
Other Banking & Financial Services	Real Esta	a te nmercial	Other

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Item 5. Issuer Size (Sel	lect one)			
Revenue Range (for issue or "other investment" fu		5 j		ate Net Asset Value Range (for issuer ng "hedge" or "other investment" fund in bove)
O No Revenues		OR "	0	No Aggregate Net Asset Value
\$1 - \$1,000,000			Ō	\$1 - \$5,000,000
\$1,000,001 - \$5,0	000,000		$\check{\odot}$	
\$5,000,001 - \$25	,000,000		Õ	\$25,000,001 - \$50,000,000
\$25,000,001 - \$1	00,000,000		Ŏ	\$50,000,001 - \$100,000,000
Over \$100,000,0	000		Ŏ	Over \$100,000,000
O Decline to Discle			Õ	Decline to Disclose
O Not Applicable			Ō	Not Applicable
Item 6. Federal Exemptio	ns and Exclusions Clain	ned (Select	all th	nat apply)
		estment Compan	y Act Se	ection 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)		Section 3(c)(9)
Rule 504(b)(1)(i)		Section 3(c)(2)		Section 3(c)(10)
Rule 504(b)(1)(ii)		Section 3(c)(3)		Section 3(c)(11)
Rule 504(b)(1)(iii)		Section 3(c)(4)	1	Section 3(c)(12)
Rule 505		Section 3(c)(5))	Section 3(c)(13)
Rule 506		Section 3(c)(6)	ı	Section 3(c)(14)
Securities Act Section 4(⁶⁾	Section 3(c)(7)	}	
Item 7. Type of Filing				
New Notice OR	Amendment			
Date of First Sale in this Offerin		OR 🗌 Fir	st Sale	Yet to Occur
Date of First Sale III this Offerin	4.17.00	OK 🗆 '"	JC Juic	Tet to Seed,
Item 8. Duration of Offeri	ng		-	
Does the issuer intend this	offering to last more than o	ne year?	\boxtimes	Yes No
Item 9. Type(s) of Securiti	es Offered (Select al	I that apply)		
Equity		▼ Pooled Inv	estmei	nt Fund Interests
Debt		_		non Securities
Option, Warrant or Other Rig	aht to Acquire			Securities
Another Security	incto Acquire	Other (Des	cribe)	
Security to be Acquired Upo Warrant or Other Right to Ac				
Item 10. Business Combin				
Is this offering being made i	<u> </u>	s combination	Y	Yes 🔀 No
transaction, such as a merger,	acquisition or exchange offer?		ш,	
Clarification of Response (if Ne	cessary)		_	

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Item 11. Minimum Investment				
Minimum investment accepted from any outside investor	\$ 12,500.00			
Item 12. Sales Compensation				
Recipient	Recipient CRD Number No CRD Number			
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number No CRD Number			
Street Address 1	Street Address 2			
City State/F	Province/Country ZIP/Postal Code			
States of Solicitation All States AL AK AZ AR CA CO IL IN IN IA KS KY LA MT NE NV NH NJ N RI SC SD TN TX U (Identify additional person(s) being paid con	A			
(a) Total Offering Amount \$ 6,000,000.00	OR Indescrine			
(a) Total Onering Amount	On a moduline			
(b) Total Amount Sold 3,907,300.00	\$ 5,907,500.00			
(c) Total Remaining to be Sold \$ 92,500.00 (Subtract (a) from (b)) Clarification of Response (if Necessary)	\$ 92,500.00 OR Indefinite			
Item 14. Investors				
Check this box if securities in the offering have been or number of such non-accredited investors who already have Enter the total number of investors who already have investors.				
Item 15. Sales Commissions and Finders' Fe				
	finders' fees expenses, if any. If an amount is not known, provide an estimate and			
	Sales Commissions \$ Estimate			
Clarification of Response (if Necessary)	Finders' Fees \$ Estimate			

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em 16. Use of Proceeds		
rovide the amount of the gross proceeds of the offering that has sed for payments to any of the persons required to be natirectors or promoters in response to Item 3 above. If the amostimate and check the box next to the amount.	amed as executive officers, \$ 0.00	
Clarification of Response (if Necessary)		
Signature and Submission		
Please verify the information you have entered and rev	view the Terms of Submission below before signing and submitting this notice.	
Terms of Submission. In Submitting this notice	e, each identified issuer is:	
the State in which the issuer maintains its principal place process, and agreeing that these persons may accept such service may be made by registered or certified reagainst the issuer in any place subject to the jurisdict activity in connection with the offering of securities to provisions of: (i) the Securities Act of 1933, the Securities Act of 1940, or the Investment Advisers Act State in which the issuer maintains its principal place	ry of the SEC and the Securities Administrator or other legally designated officer of lace of business and any State in which this notice is filed, as its agents for service of a service on its behalf, of any notice, process or pleading, and further agreeing that mail, in any Federal or state action, administrative proceeding, or arbitration brought ion of the United States, if the action, proceeding or arbitration (a) arises out of any that is the subject of this notice, and (b) is founded, directly or indirectly, upon the ties Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment tof 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the of business or any State in which this notice is filed.	
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of Stat "covered securities" for purposes of NSMIA, whether in all ir routinely require offering materials under this undertaking so under NSMIA's preservation of their anti-fraud authority.	contents to be true, and has duly caused this notice to be signed on its behalf by the	
in Item 1 above but not represented by signer below.		
!ssuer(s)	Name of Signer	
ICI-SB BUCKHORN, L.P.	ANDREAS BREMER	
Signature /	Title	
Hordreas heruel	VP OF ICI-SB CORP, GEN PARTNER OF ICI-SB BUCKHORN, LP	
	Date	
Number of continuation (ages attached: 1	2-19-09	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name **BREMER ANDREAS** Street Address 2 Street Address 1 17130 DALLAS PARKWAY, STE 240 State/Province/Country ZIP/Postal Code City 75248 DALLAS Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 1 Street Address 2 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

(Copy and use additional copies of this page as necessary.)